ISLAND COUNTY APPLICATION FOR WELL SITE INSPECTION

1. Well is to be used for: Individual System (single-family residence). Fee required \$2	Receipt Number:Application # :Application Amt#:	Island County Health Department P.O. Box 5000 Coupeville, WA 98239
Public System (other than single family). # Connections: Fee required \$45 2. New Well	ale femily regidence) For required \$210.00	1. Well is to be used for Individual System (single f
2. New Well		<u>_</u>
3. Legal description of well site property: Tax Parcel#	man single family). # Connections ree required \$451.00	rubic system (other than s
Tax Parcel#		2. New Well □ Existing Well □
Is this well to serve a proposed short plat? S/P #		
4. Submit well log for existing well(s) with Application. 5. On the back of this form, please draw an accurate sketch of the well site location and proposed service area. 6. Are any lots to be served one acre or less?		
5. On the back of this form, please draw an accurate sketch of the well site location and proposed service area. 6. Are any lots to be served one acre or less?		Address of well site:
5. On the back of this form, please draw an accurate sketch of the well site location and proposed service area. 6. Are any lots to be served one acre or less?	tion	4. Submit wall log for existing wall(s) with Application
6. Are any lots to be served one acre or less?		
7. Proposed name of water system: 8. Person responsible for system Name	e sketch of the well site location and proposed service area.	5. On the back of this form, please draw an accurate sket
8. Person responsible for system Name		6. Are any lots to be served one acre or less?
Phone Number Address 9. Owner of well site property: Phone Number Address Address		7. Proposed name of water system:
Phone Number Address 9. Owner of well site property: Phone Number Address Address		
Phone Number Address 9. Owner of well site property: Name Phone Number Address		8. Person responsible for system
9. Owner of well site property: Name Address	Name	
9. Owner of well site property: Name Address Address		Phone Number
Phone Number Address	Address	
Phone Number Address		0. Owner of wall site property:
Phone Number Address	Name	3. Owner of well site property.
Address	1 Wille	Phone Number
10. Parsans applying for well site inspection	Address	
10. Dargang applying for well gits ingrestica		
		10. Persons applying for well site inspection
Name	Name	
Phone Number		Phone Number
Address	Address	

ISLAND COUNTY APPLICATION FOR WELL SITE INSPECTION

i onow aujaceni bununigs, 10a	ds, property lines, septic tanks, drainfields, and corresponding distances to the well sites.
** The propos	sed well site must be clearly located on the site with a flagged stake**
I/We request that a well site i	inspection be made by the Island County Health Department at the above described well site
Date	Signature of well site property owner
**Note: Submission of this a	application does not constitute well site approval.
• Well site approval is subj (copy to be furnished to I	ject to pollution control zone covenants recorded at the Island County Auditor's Office Health Department).
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` **	osed is subject to review and approval by Washington State Department of Health and Island ent per WAC 246-290.
Any public system propo County Health DepartmePursuant to the Island Co	
 Any public system propo County Health Departme Pursuant to the Island Co must be submitted to the 	ent per WAC 246-290. Sounty Coordinated Water System Plan, written verification from adjacent water system(s)
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 Any public system propo County Health Departme Pursuant to the Island Co must be submitted to the 	ount per WAC 246-290. Sounty Coordinated Water System Plan, written verification from adjacent water system(s) Health Department prior to well site inspection. DVE INFORMATION YOUR APPLICATION WILL NOT BE PROCESSED!